MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-046735				
			C HEALTH AND WELFARE  Registration District No	
DO NOT WRITE ON THIS STUB	AMENDE	D F14	ED JAN 7 1000	
VS 300			1. PLACE OF DEATH 1903  a. COUNTY  b. COUNTY  b. COUNTY  admission)	
Rev. 4/59	AMENDED *-63	-	b. CITY (If outside corporate limits, give TOWNSHIP only)  Length of stay in 1b  C. CITY  OR  OR  OR  OR  OR	
	₹,		TOWN Kansas (tu 45 years Town Kansas (tu Yes No [	
			c. FULL NAME OF (IF NOT in hospital, give location)  HOSPITAL OR  NSTITUTION  Yes No   Yes No   Yes   Yes   No   Yes   Yes	
23638	Z DAT	<u> </u>	GENERAL HOSPITAL TO 1823 TRACE	
3			3. NAME OF DECEASED First Middle Lest 4. DATE Month Day Year (Type or print)  ART LUR. AND DEATH DECEMBER 20, 1962	
4 0		-	5. SEX	
5 /			Male Cauc. Widowed Divarced 1 1891 72 73 Months Days Hours Min.	
6	ဖွ		0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)	
7 /	FOLLOW 3	-	Nelired Meckanic /two repair LilheiraL /(INN: 1.) H.  36. FATHER'S NAME   14. NAME OF HUSBAND OR WIFE	
	F0L	'     <sub>-</sub>	UNKNOWN UNKNOWN MARY P. ANDERSON	
8 72	\$ ,		5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Yes, no, or unknown) (If yes, give war or dates of service)	
94201	ARE	·   <b>_   -</b>	1 18. CAUSE OF DEATH (Enter only one cause per line f	
10	1	NEN	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  OCCUSION  ONSET AND DEATH	
11	RECORD EAD OF	DOCUMENT	The same of the sa	
1257-51	1 - 1 - 1	ă	Conditions, if any, which gave rise to	
13	INSI	_	above cause (a), stating the under- lying cause last. DUE TO (c)	
	8	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased was female was	
		CERTIFICATION	disease condition given in PART I (a) there a pregnancy in last 90 days.	
	N N N	17 🖁	19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
	AMENDMENTS		YES NO DA I	
y Z	AWE	LLA	20c. TIME OF Hour Month, Day, Year INJURY a.m.	
BLACK INK OR RITER RIBBON		7	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE	
<u> </u>		\$	WHILE AT WORK  farm, factory, street, office bidg., etc.)  NOT WHILE AT WORK	
<b>₹6</b> ₩	READ	1 2 6	21. 1 attended the deceased from, to and last saw her him alive on	
R		Death occurred atm on the date stated above, and to the best of my knowledge, from the causes stated.		
USE BLAC OR TYPEWRITER	\$ноигр 72	<u>ٿ</u> ٿ	22a. SIGNATURE (Degree or tirle) 22b. ADDRESS 22c. DATE SIGNED	
	\$		38-BURIAL CREMATION, 1 230 DATE 23c. NAME OF CEMETER OF CREMATORY 23d, 19cATION (City, town, of county) (Start)	
	S.	AFFID/ Hug	38, BURIAL, CREMATION, 2361 DATE 23c. NAME OF CEMETER OR CREMATORY 23d, LOCATION (City, town, of county) (Start)  29c. NAME OF CEMETER OR CREMATORY 23d, LOCATION (City, town, of county) (Start)  27d, LOCATION (City, town, of county) (Start)	
	EW		4. FUNEBAL DIRECTOR, ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE	
	-	<u>a</u>	Muchlebach 6800 (Roost 12-21-62 ) with Long	

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Signed Robert S. Landes
Signature of Student Embalmer	Signed /) Mult. Q. Landle
	Licensed Embalmer No. 5/03
•	P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.